(b) Yes, Sir.

(c) The process of the cadre-review of Central Health Service involves collection/analysis of information and subsequent consultation/approval of Department of Personnel & Training and Ministry of Finance. Therefore, no time limit can be fixed for completion of the same.

Measures to check the migration of medical staff

†1269. MISS ANUSUIYA UIKEY: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether the migration of doctors and medical staff towards foreign countries and private hospitals has increased as cadre review of the Central Health Services has not been done; and

(b) if so, the details of efforts being made by Government to check this migration?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) No, Sir. The J.A. Chowdhury Committee set up to go into the reasons for attrition in Government Health Organisations/Institutions, has stated that the attrition is not calamitous. It has not identified any link between the Cadre Review of Central Health Service and attrition.

(b) Does not arise.

Health programme in Rajasthan

1270. DR. GYAN PRAKASH PILANIA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) the Centrally sponsored schemes and programmes for development and promotion of health in the rural areas of Rajasthan;

(b) the details of funds allocated to Rajasthan State for these schemes during the last three years;

(c) the details of achievements thereof;

†Original notice of the question was received in Hindi.

(d) whether there are any proposals in above context from Rajasthan State pending with the Central Government; and

(e) if so, details and disposal thereof?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) The Centrally Sponsored Schemes and programmes are National Family Welfare Programme, National Rural Health Mission, National TB Control Programme, National Malaria Eradication Programme (Rural), National AIDS Control Programme, National Blindness Control Programme, National Leprosy Eradication Programme and National Goitre Control Programme.

(b) The details of funds allocated during last three years are annexed as per Statement (*See* below);

(c) Under National Leprosy Eradication Programme, 71.10% patients became disease free during 2003-04. Under Blindness Control Programme, 117.90% is the achievement during 2005-06. Under National TB Control Programme, Cure Rate (new smear positive cases) and Success Rate achieved during 2005 is 86% and 88.5% respectively. Under National Rural Health Mission; training of 46000 ASHAs was taken up; mainstreaming of AYUSH has been achieved in 32 district hospitals, 325 Community Health Centres (CHCs) and 300 PHCs; village health plan of 10,000 villages has been done; 64 CHCs have been chosen for upgradation to Indian Public Health Standards (IPHS); 10512 Sub-centres have been given untied funds; 1725 PHCs have been strengthened; and 325 CHCs have been strengthened.

(d) and (e) Yes. In family welfare programmes there is excess amount of Rs. 11075.96 lakhs with the State Government of Rajasthan at the end of March, 2006 and under National Blindness Control Programme, proposals for the pending liabilities of Rs. 625.91 lakh have been sent to Central Government.

Statement

The details of funds allocated to Rajasthan state for Centrally Sponsored Schemes and programmes for the development of health during 2003-04, 2004-05 and 2005-06

(Rs. in lakhs)

Sl. No.	Name of Schemes	Funds allocated under the scheme		
		2003-04	2004-05	2005-06
1.	National Leprosy Eradication Prog.	28.85	55.50	34.00
2.	National Blindness Control Prog.	421.94	93.33	27.07
3.	National Goiter Control Prog.	6.00	6.00	6.00
4.	Drug Testing Laboratory	0.01	0.01	4.00
5.	Food Testing Laboratory	17.30	0.01	0.01
6.	National Cancer Control Prog.	0.01	0.01	0.01
7.	Trauma Units National Highways	—	116.80	0.01
8.	Mukhya Mantry Jeevan Raksha Kosh	100.00	300.00	200.00
9.	National AIDS Control Prog.	0.01	0.01	—
10.	National Malaria Eradication Prog. (Rural)	704.49	398.00	652.12
11.	National T.B. Prog.	333.00	227.00	42.18
12.	National Rural Health Mission	—	—	9368.00
13.	National Family Welfare Prog.	13190.64	16651.97	13367.28
14.	European Commission Sector Investment Programme	800.00	1600.00	2300.00

Rural Health Schemes in Rajasthan

1271. DR. GYAN PRAKASH PILANIA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) the details of programmes/schemes being implemented in Rajasthan under Rural Health Scheme;

(b) the targets fixed for the year 2006-07;

(c) the details of success of these programmes alongwith the details of funds allocated under the scheme; and